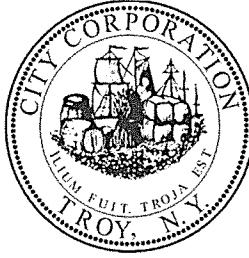


Office of the City Clerk
433 River Street – Suite 5001
Troy, NY 12180
518-279-7134



**SPECIAL EVENTS
PERMIT**
Non-Commercial ONLY

EVENT COORDINATOR: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

SPONSORING ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

TYPE OF EVENT:

- ☐ BLOCK PARTY
☐ STREET FESTIVAL
☐ PARADE
☐ OTHER EVENT

Explain: _____

Submit this application at least 15 days prior to your event.

DATE OF EVENT: _____ Hours- _____ to _____

NUMBER OF PARTICIPANTS: _____

Area to be Blocked, Festival Location or Parade Route:

Please attach a map _____

NAME OF INSURANCE CARRIER FOR ORGANIZATION: _____

***NOTE: A copy of the liability insurance policy must be attached. List the City of Troy as additional insured with date, location and time of event. See attached requirement.

Will there be VENDORS? YES ☐ If Yes, Approximate # _____ NO ☐

- For every vendor, a **ONE DAY VENDOR PERMIT APPLICATION** must be submitted with the special events application **15 days** prior to the event for processing. NOTE-a background check is required for each vendor and event coordinator. A \$20 fee per Vendor will be collected at the time of the application.
- A One-Day Vendor application is available at http://www.troyny.gov/Libraries/City_Clerk/onedayvendor.sflb.ashx or at the City Clerk's Office.
- Event coordinators must ensure that all vendors have the necessary paperwork submitted to the city clerk's office.

I hereby request permission to conduct a Special Event at the date, time and location noted above.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

CHIEF OF POLICE: _____ DATE: _____

DPW COMMISSIONER: _____ DATE: _____

DEPUTY MAYOR: _____ DATE: _____

SEAL

Patricia O'Brien, City Clerk - Date: _____



Office of the City Clerk

Background Check Form

☐ Auctioneer* ☐ City Sponsored Event Vendor (if lacking Troy Vendor's License)
☐ Vendor* ☐ Games/Bingo ☐ Secondhand dealer *
☐ Peddler* ☐ Dealer in Precious Metal* ☐ Special Event
* Indicates that fingerprinting (Part D) is required.

PART A

Name: _____
Address: _____

Date of Birth: _____ Social Security Number: _____

List any and all other names you have ever used: _____

List all nicknames you have ever used: _____

PART B

List in reverse chronological order all of the places you have resided in the past ten years.

Street # and Name	City or Town	State or Province	Country

PART C

Have you ever been convicted of a crime? _____

If yes, Explain: _____

PART D: To be completed by Office Use only:

☐ Fingerprinting is required for all *permits. Contact L1 Enrollment Services at 877-472-6915 or www.L1enrollment.com and use ORI#NY0410201. There is a charge for this service; make payment directly to L1.

I, _____, BY EXECUTION OF THIS DOCUMENT GIVE THE City of Troy AND THEIR AGENTS PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK REGARDING MY PAST HISTORY. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO A RECORDS CHECK TO DETERMINE WHETHER I HAVE EVER BEEN CONVICTED OF ANY CRIME OR HAVE A CRIMINAL RECORD. GIVING FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION FOR THE PERMIT OR LICENSE FOR WHICH I HAVE APPLIED.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

SIGNATURE _____

DATE _____

Fingerprint background review: Approved ___ Denied ___

Local background review: Approved ___ Denied ___

Signature _____

Date _____

FOR OFFICIAL USE ONLY

☐ New Application ☐ Renewal year (circle): 2 3 4 5

☐ Self Employed ☐ Employee

☐ NYS Division of Criminal Justice Services (fingerprint report) sent to Troy Police Dept.

_____ Receipt from L1

Date submitted _____ Results: ☐ No action ☐ Report attached

☐ Troy Police Department Records Check

Officer _____ Date _____

Results: ☐ No action ☐ Report attached

Records Verification

☐ Drivers License

☐ Vehicle Registration

☐ Liability Insurance

☐ Rensselaer County Health Permit

Departmental Notification

☐ Original to City Clerk

☐ Copy to Police Chief

☐ Copy to Dealer

Chief of Police _____ Date _____

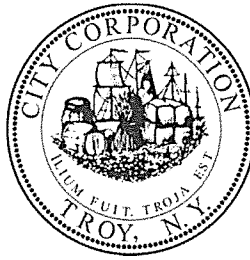
☐ Approved ☐ Denied Reason _____

Background Check - Fee \$ _____ ☐ Check ☐ Money Order ☐ Cash

Date Issued _____

City Clerk _____ Date _____

Office of the City Clerk
433 River Street – Suite 5001
Troy, NY 12180
518-279-7134



**SPECIAL EVENTS
PERMIT**
Non-Commercial ONLY

Participating Vendors for Special Event

NAME OF EVENT: _____ EVENT DATE: _____

EVENT COORDINATOR: _____ PHONE #: _____

LIST OF ONE DAY VENDORS:

Vendor Name	Currently Licensed in Troy		
	Yes	No	License Number

For Each Vendor:

- ✓ Background Check Required – There is a \$20 fee per vendor due upon submission of application.
- ✓ Certificate of Insurance Required
- ✓ Food vendors must submit a valid Rensselaer County Department of Health Certificate.

Insurance Requirements for Special Events & Block Party Permits

Pursuant to City Code Chapter 2, Section 14, the Mayor is authorized to enter into agreements with any charitable or not-for-profit organizations permitting noncommercial use of City property for purposes and events that will promote the public good and welfare. Such organization shall carry a public liability, bodily injury and property damage insurance policy, covering the property to be used, and shall keep and hold harmless the City, its agents and employees for any and all claims, damages and liability of any kind whatsoever relative to or arising for or out of the use of the property. The liability policy and limits of liability shall be as approved by the Corporation Counsel of the City but in no event less than \$500,000 for each person; \$1,000,000 for each accident for personal injuries; and \$20,000 for each accident for property damage. A certificate of insurance coverage shall be submitted to the Corporation Counsel before any use of such property, and the certificate shall include the City as additional named insured.

Special Events Permits are applied for and processed through the City Clerk's Office. Please submit the completed form along with your insurance rider proving liability coverage as follows:

\$500,000 per person

\$1,000,000 per accident for personal injury

\$20,000 per accident for property damage

In addition, City policy requires the following insurance coverage:

General Aggregate: \$2 million with alcoholic beverage sales/ \$350,000 without sales

Personal Injury: \$2 million with alcoholic beverage sales/ \$350,000 without sales

Each Occurrence: \$2 million with alcoholic beverage sales/ \$350,000 without sales

Fire Damage: \$1 million with alcoholic beverage sales/ \$100,000 without sales

Medical Expense: \$250,000 with alcoholic beverage sales/ \$50,000 without sales

Please ask your agent to arrange coverage for the greatest amount which is applicable.

Please list the name, date, location and time of your event on the Certificate of Insurance.